

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2		1		1			52
3		2		1			53
4		2					54
5		2					55
6		2					56
7		2					57
8		2					58
9		2					59
10		2					60
11		2					61
12		2					62
13		2					63
14		2					64
15		2					65
16		2					66
17		2					67
18		2					68
19		2					69
20		2					70
21		2					71
22	1		1				72
23		1		1			73
24		2		1			74
25	1		1				75
26		1					76
27		2					77
28		2					78
29		2					79
30		2					80
31		2					81
32		2					82
33		2					83
34		2					84
35		2					85
36		2					86
37	1		1				87
38		2		1			88
39		2					89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1		1				TOTAL IND.
TOTAL DEP.		25		1			TOTAL DEP.
TOTAL CLAIMS		26		2			TOTAL CLAIMS